

# RECREATIONAL 3-VEHICLE COMBINATION PERMIT APPLICATION

Wisconsin Department of Transportation  
www.dot.wisconsin.gov/business/carriers/osowgeneral.htm  
MV2742 6/2004 s.348.27(7m) Wis. Stats.

Please Print or Type.

Applicant Name

Address

City

State

ZIP Code

Area Code - Telephone Number

E-Mail Address

Towing Vehicle Year, Make

Vehicle Identification Number

Permit Effective Date - Desired Start Date

- ☐ When application received at Wisconsin Department of Transportation  
☐ List other date in future: (Not to exceed 60 days in the future)

Number of Months  
Desired

The permit is issued for a minimum of 3 months and a maximum of 12 months.

## Fee Schedule

# of Months	Amount
7 - 12	\$40.00
6	37.00
5	33.00
4	30.00
3	27.00

Make check payable to: **Registration Fee Trust**

Mail to: Wisconsin Department of Transportation

Permit Unit

P. O. Box 7980

Madison, WI 53707-7980

I accept and will comply with the 3-vehicle combination permit conditions on form MV2743.

**X**

(Applicant)

If questions, telephone 608-266-7320

FOR DEPARTMENT USE ONLY - Permit/Renewal Numbers/Transfer From - To
